

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 10-131

BRIEF TITLE

APPROVED DEADLINE

REASON

Enterprise Company, Inc.

Lease Agreement

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Lease Agreement between the Lincoln-Lancaster County Health Department and Enterprise Company, Inc. for the lease of office space at 27th & Cornhusker Highway for the Health Department's Women, Infants and Children (WIC) Program. Lease term: November 1, 2010-October 31, 2013 for \$829.94 per month.</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p>Reason Against</p>
	Board or Commission Recommendation	<p>BY</p> <p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p><input type="checkbox"/> No Action Taken</p> <p><input type="checkbox"/> For with revisions or conditions (See Details column for conditions)</p>
	CITY COUNCIL ACTIONS (For Council Use Only)	<p><input type="checkbox"/> Pass</p> <p><input type="checkbox"/> Pass (As Amended)</p> <p><input type="checkbox"/> Council Sub.</p> <p><input type="checkbox"/> Without Recommendation</p> <p><input type="checkbox"/> Hold</p> <p><input type="checkbox"/> Do not Pass</p>

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>															
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>															
	FINANCES																
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/Resolution \$															
		RELATED annual operating Costs \$															
		INCREASE REVENUE EXPECTED/YEAR \$															
	SOURCE OF FUNDS	CITY [Approximately] <table style="width: 100%; border: none;"> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> </table>		_____	\$ _____	_____ %	_____	\$ _____	_____ %	_____	\$ _____	_____ %	_____	\$ _____	_____ %	_____	\$ _____
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NON CITY [Approximately] <table style="width: 100%; border: none;"> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> <tr><td>_____</td><td>\$ _____</td><td>_____ %</td></tr> </table>		_____	\$ _____	_____ %	_____	\$ _____	_____ %	_____	\$ _____	_____ %	_____	\$ _____	_____ %	_____	\$ _____	_____ %	
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BENEFIT COST																	
<input type="checkbox"/> Front Foot Average Assessment																	
<input type="checkbox"/> Square Foot \$ _____ \$ _____																	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D., Health Director

REVIEW BY:

REFERENCE NUMBER